

**2013 California Dietary Practices Survey**  
**Survey Instrument**  
**July 2, 2012**

**Intro**

Hello, my name is \_\_\_\_\_ and I'm calling from the California Department of Public Health and Public Health Institute.

We're doing a study of California residents regarding their food and exercise habits to help in planning health, nutrition, and education programs for California. Your household has been randomly chosen by the computer from a large list of telephone numbers to be included in the study. That list of telephone numbers includes households in California receiving *CalFresh* (formerly known as Food Stamps). Whether you choose to participate or not will not affect your receipt of public benefits like *CalFresh*. Are you a member of this household and at least 18 years old? (Note: Household members are people who think of the households as their main place of residence, that is, where they keep most of their belongings and receive their phone calls.)

May I speak with someone who lives in your household who is at least 18 years old?

When speaking with a household member aged 18 and older:

Hello, my name is {intvrs—>statid}, and I'm calling from the California Department of Public Health and Public Health Institute. We're doing a study of California residents regarding their food and exercise habits to help plan health, nutrition, and education programs for California. Your household has been randomly chosen by the computer to be in the study. The information you provide will be completely confidential and names will not appear on the survey.

Our study requires that we randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

How many are men?

How many are women?

CHILD18

How many people in your household are under 18 years of age?

\_\_\_\_\_ Enter number:

8. DON'T KNOW

9. REFUSED

SELECTED

The person in your household I need to speak with is the (SELECTED).

Are you the (SELECTED)?

1.Yes ---->

2.No ----> May I speak with the (SELECTED)?

When speaking with the selected respondent:

Hello, my name is \_\_\_\_\_, and I'm calling from the California Department of Public Health and Public Health Institute. We're doing a study of California residents regarding their food and exercise habits to help plan health, nutrition, and education programs for California. Your household has been randomly chosen by the computer to be in the study. That list of telephone numbers includes households in California receiving *CalFresh* (formerly known as Food Stamps). Whether you choose to participate or not will have no effect on your receipt of public benefits like *CalFresh*.

Before I ask you any questions, I want to be sure you know that your participation is totally voluntary and that all the answers you provide will be kept confidential. You will not be identified in any way in any reports. Your answers will be combined with the answers of the 1,400 other Californians who take part in the survey.

You may stop the interview at any time. If there is a question that you cannot or do not wish to answer, please tell me and I'll go to the next question.

The survey takes about 30 minutes and asks questions about eating and exercise behaviors.

We appreciate your cooperation with this survey. Although you may not gain personally from taking part in this survey, the information you give will be used to improve state programs and to identify areas of need to improve the health of Californians.

If you have any questions about the survey, I can give you with a toll free number for you to call.

While supervisors may monitor the interview for quality control purposes, all of the information obtained in this study will be confidential.

**"Can we start the interview now?"**

**START**

1. The first questions are about what you ate for your meals and snacks yesterday. When I ask about FRUITS AND VEGETABLES keep in mind that I mean ALL forms including: fresh, canned, frozen and dried, as well as fruit and vegetable 100% juices, salads, salsa, potatoes, and soups and stews made with vegetables. Rice and beans (except for green beans) are not considered vegetables. When I ask about SERVINGS, a serving of fruit is about one medium piece of fruit, ½ a cup or a big scoop of cut up fruit, or a handful of dried fruit. A serving is ½ cup or a big scoop of vegetables or a medium green salad or a small baked potato. A serving of juice is ¾ cup or a small glass.

**BREAK**

2. Did you eat a morning meal (breakfast) yesterday?

- 1. Yes
- 2. No (Go to LUNCH)
- 8. DON'T KNOW (Go to LUNCH)
- 9. REFUSED (Go to LUNCH)

**BREAKFV**

3. Did you have any fruit, vegetables, salad, or 100% juice for your morning meal (breakfast) yesterday? Include all kinds of fresh, frozen, canned, or dried fruits or vegetables, salads and salsa.

- 1. Yes
- 2. No (Go to LUNCH)
- 8. DON'T KNOW (Go to LUNCH)
- 9. REFUSED (Go to LUNCH)

**BRKFBV1-BRKFBV10**

4. Which fruit, vegetables, salad or 100% juice did you have at your morning meal (breakfast) yesterday? Include fruits and vegetables in mixed dishes like fruit on cereal, or vegetables in an omelet. DO NOT include hash browns or fried potatoes. *(List up to ten types.)*

**IF MIXED ITEMS:** PROBE to ID the main item

BRKFBV1  
BRKFBV2  
BRKFBV3  
BRKFBV4  
BRKFBV5  
BRKFBV6  
BRKFBV7  
BRKFBV8  
BRKFBV9  
BRKFBV10

**if BRKFBV1-BRKFBV10="Green Salad, Mixed Green Salad, or Salad", go to BRKSLD;  
else go to BRKPOT**

**BRKSLD**

5. Was there lettuce or any other leafy greens in the salad?

1. Yes
2. No
8. Don't know
9. Refused

**BRKSDA-BRKSDDB**

6. Other than lettuce, what were the main one or two ingredients in the salad? EX. [Enter INGREDIENT #1/INGREDIENT #2] [F6 = No other ingredients]

BRKSDA

BRKSDDB

**if BRKFBV1-BRKFBV10="POTATO", go to BRKFBPOT;  
ELSE GO TO BRKFBV1**

**BRKFBPOT**

7. How were your potatoes prepared?

1. Baked, Roasted
2. Mashed
3. Fried/French Fries/Hash Browns, etc
4. Other
8. DON'T KNOW
9. REFUSED

**BRKFBV1-BRKFBV10**

8. How many servings of (BRKFBV1-BRKFBV10) did you eat for your morning meal?  
Number of Servings? (Round up to the nearest serving)

BRKFBV1

BRKFBV2

BRKFBV3

BRKFBV4

BRKFBV5

BRKFBV6

BRKFBV7

BRKFBV8

BRKFBV9

BRKFBV10

**LUNCH**

9. Did you eat a midday meal (lunch) yesterday?

- 1. Yes
- 2. No (Go to DINNER)
- 8. DON'T KNOW (Go to DINNER)
- 9. REFUSED (Go to DINNER)

**LNCHFV**

10. Did you have any fruit, vegetables, salad, or 100% juice for your midday meal (lunch) yesterday?

- 1. Yes
- 2. No (Go to DINNER)
- 8. DON'T KNOW (Go to DINNER)
- 9. REFUSED (Go to DINNER)

**LNCHFV1-LNCHFV10**

11. Which fruit, vegetables, salad or 100% juice did you have at your midday meal (lunch) yesterday? Include fruits and vegetables in mixed dishes like tacos, soup, pizza, wraps and sandwiches. DO NOT include potato chips or French fries. *(List up to ten types.)*

**IF MIXED ITEMS:** PROBE to ID the main item

LNCHFV1

LNCHFV2

LNCHFV3

LNCHFV4

LNCHFV5

LNCHFV6

LNCHFV7

LNCHFV8

LNCHFV9

LNCHFV10

**if LNCHFV1-LNCHFV10="Green Salad, Mixed Green Salad, or Salad," go to LNCHSLD;  
else go to LCHPOT**

**LNCHSLD**

12. Was there lettuce or any other leafy greens in the salad?

- 1. Yes
- 2. No
- 8. Don't know
- 9. Refused

**LNCHSDA-LNCHSDB**

13. Other than lettuce, what were the main one or two ingredients in the salad? EX. [Enter INGREDIENT #1/INGREDIENT #2] [F6 = No other ingredients]

LNCHSDA

LNCHSDB

**if LNCHFV1-LNCHFV10= POTATO, go to LCHPOT;  
else go to LNCHSV1**

**LCHPOT**

14. How were your potatoes prepared?
1. Baked, Roasted
  2. Mashed
  3. Fried/French Fries/Hash Browns, etc
  4. Other
  8. DON'T KNOW
  9. REFUSED

**LNCHSV1-LNCHSV10**

15. How many servings of (LNCHFV1-LNCHFV10) did you eat for your midday meal?

Number of Servings

LNCHSV1

LNCHSV2

LNCHSV3

LNCHSV4

LNCHSV5

LNCHSV6

LNCHSV7

LNCHSV8

LNCHSV9

LNCHSV10

**DINNER**

16. Did you eat an evening meal (dinner) yesterday?

1. Yes
2. No (Go to SNACKS)
8. DON'T KNOW (Go to SNACKS)
9. REFUSED (Go to SNACKS)

**DNRFV**

17. Did you have any fruit, vegetables, salad, or 100% juice for your evening meal (dinner) yesterday?

- 1. Yes
- 2. No (Go to SNACKS)
- 8. DON'T KNOW (Go to SNACKS)
- 9. REFUSED (Go to SNACKS)

**DINNERFV**

18. Which fruit, vegetables, salad or 100% juice did you have at your evening meal (dinner) yesterday? Include fruits and vegetables in mixed dishes like stew, chili, pasta, and stir-fried dishes. DO NOT include potato chips or French fries. *(List up to ten types.)*

**IF MIXED ITEMS:** PROBE to ID the main item

DNRFV1  
DNRFV2  
DNRFV3  
DNRFV4  
DNRFV5  
DNRFV6  
DNRFV7  
DNRFV8  
DNRFV9  
DNRFV10

**if DNRFV1-DNRFV10="Green Salad, Mixed Green Salad, or Salad," go to DNRSLD  
else go to DNRPOT**

**DNRSLD**

19. Was there lettuce or any other leafy greens in the salad?

- 1. Yes
- 2. No
- 8. Don't know
- 9. Refused

**DNRSDA-DNRSDB**

20. Other than lettuce, what were the main one or two ingredients in the salad? EX. [Enter GREEN SALAD/INGREDIENT #1/INGREDIENT #2] [F6 = No other ingredients]

DNRSDA

DNRSDB

**if DNRFV1-DNRV10= POTATO, go to DNRPOT;  
else go to DNRSV1**

**DNRPOT**

21. How were your potatoes prepared?

1. Baked, Roasted
2. Mashed
3. Fried/French Fries/Hash Browns, etc
4. Other
8. DON'T KNOW
9. REFUSED

**DNRSV1-DNRSV10**

22. How many servings of (DNRFV1-DNRFV10) did you eat for your evening meal?  
Number of Servings

DNRSV1

DNRSV2

DNRSV3

DNRSV4

DNRSV5

DNRSV6

DNRSV7

DNRSV8

DNRSV9

DNRSV10

**SNACKS**

23. Did you eat any other meals or snacks yesterday (other than the meals you just told me about)?

1. Yes
2. No (Go to FRTTOT)
8. DON'T KNOW (Go to FRTTOT)
9. REFUSED (Go to FRTTOT)



**SNKFV**

24. Did your snacks include any fruits, vegetables, salad, or 100% juice?

- 1. Yes
- 2. No (Go to FRTTOT)
- 8. DON'T KNOW (Go to FRTTOT)
- 9. REFUSED (Go to FRTTOT)

**SNACKFV**

25. Which fruit, vegetables, salad or 100% juice did you have for a snack (other meal) yesterday? Include fruits and vegetables in mixed dishes like smoothies, burritos, juice bars, or fruit in flavored gelatin. DO NOT include potato chips or French fries. *(List up to ten types.)*

**IF MIXED ITEMS:** PROBE to ID the main item

SNKFV1  
SNKFV2  
SNKFV3  
SNKFV4  
SNKFV5  
SNKFV6  
SNKFV7  
SNKFV8  
SNKFV9  
SNKFV10

**if SNKFV1-SNKFV10="Green Salad, Mixed Green Salad, or Salad," go to SNKSLD;  
else go to SNKPOT**

**SNKSLD**

26. Was there lettuce or any leafy other greens in the salad?

- 1. Yes
- 2. No
- 8. Don't know
- 9. Refused

**SNKSDA-SNKSDB**

27. Other than lettuce, what were the main one or two ingredients in the salad? EX. [Enter INGREDIENT #1/INGREDIENT #2] [F6 = No other ingredients]

SNKSDA

SNKSDB

**if SNKFV1-SNKV10= POTATO, go to SNKPOT;  
else go to SNKSV1**

**SNKPOT**

28. How were your potatoes prepared?

1. Baked, Roasted
2. Mashed
3. Fried/French Fries/Hash Browns, etc
4. Other
8. DON'T KNOW
9. REFUSED

**SNKSV (SNKSV1-SNKSV10)**

29. How many servings of (SNKFV1-SNKV10) did you eat for your snack?

SNKSV1

SNKSV2

SNKSV3

SNKSV4

SNKSV5

SNKSV6

SNKSV7

SNKSV8

SNKSV9

SNKSV10

**if BREAKFV = YES or LUNCHFV = YES or DNRFV = YES or SNKFV = YES, go to FRTTOT; else go to FTMORE**

**FRTTOT**

30. Yesterday, how many total servings of fruits do you think you ate (drank)?

\_\_\_\_ Enter Number

0. None (F6)
88. DON'T KNOW/NOT SURE
99. REFUSED

**VEGTOT**

31. Yesterday, how many total servings of vegetables do you think you ate (drank)?

\_\_\_ Enter Number:

- 0. None (F6)
- 88. DON'T KNOW/NOT SURE
- 99. REFUSED

**FTMORE (NEW: 2013)**

32. Do you think you eat the right amount of fruit now, or do you think you should eat less or more?

- 1. Eat right amount
- 2. Should eat more
- 3. Should eat less
- 8. DON'T KNOW/NOT SURE
- 9. REFUSED

**VGMORE (NEW: 2013)**

33. Do you think you eat the right amount of vegetables now, or do you think you should eat less or more?

- 1. Eat right amount
- 2. Should eat more
- 3. Should eat less
- 8. DON'T KNOW/NOT SURE
- 9. REFUSED

**if FTMORE = 1 or 3 and VGMORE = 1 or 3 go to REGSODA; else go to FRVGREAS**

**FRVGREAS**

34. What is the one main reason you don't eat more fruit and/or vegetables?  
(Do not read responses)

1. Too expensive
2. NOT SURE how to tell if the quality is good/NOT SURE how to select
3. Other people in the family don't like them
4. Take too much time to prepare and cook
5. Lots of fruits and vegetables that I'm NOT SURE how to fix
6. Don't like the taste
7. Not in habit/don't think about it/not used to eating them
8. Don't have them available, lack of access
9. They are not available at work
10. They are not available at restaurants
11. They are not available in my neighborhood
12. They are messy
13. Concerned about safety: pesticides, genetically engineered foods
14. Concerned about safety: bacteria, salmonella, e coli
15. I believe I eat enough now
16. Spoil too fast
17. Health reasons
18. Not hungry/no appetite
19. Inconvenient to go to store
20. Quality is poor
21. Make other food choices
22. Diet
98. Other (specify): \_\_\_\_\_
88. DON'T KNOW
99. REFUSED

**REGSODA (NEW: 2013)**

35. About how often do you drink a can, bottle, or glass of regular soda that contains sugar?  
Do not include diet soda.

0. Never
1. \_\_\_\_ Times per day
2. \_\_\_\_ Times per week
3. \_\_\_\_ Times per month
888. DON'T KNOW/NOT SURE
999. REFUSED

**DIETSODA (NEW: 2013)**

36. About how often do you drink a can, bottle, or glass of diet soda that does not contain sugar?

0. Never

1. \_\_\_\_ Times per day

2. \_\_\_\_ Times per week

3. \_\_\_\_ Times per month

888. DON'T KNOW/NOT SURE

999. REFUSED

**FRTDRINK (NEW: 2013)**

37. About how often do you drink a can, bottle, or glass of a sweetened fruit drink, such as Kool-Aid (Spanish: Tampico), Sunny D, Hawaiian Punch or lemonade? Include fruit drinks you made at home that you added sugar to. Do not include sugar free drinks or drinks you make with artificial sweeteners.

0. Never

1. \_\_\_\_ Times per day

2. \_\_\_\_ Times per week

3. \_\_\_\_ Times per month

888. DON'T KNOW/NOT SURE

999. REFUSED

**SPTDRINK (NEW: 2013)**

38. About how often do you drink a glass or bottle of a sports drink like Gatorade, PowerAde, or Vitamin Water? Do not include caffeinated energy drinks like Red Bull, Rockstar, or GoGirl, or low-calorie sports drinks like G2 or Propel.

0. Never

1. \_\_\_\_ Times per day

2. \_\_\_\_ Times per week

3. \_\_\_\_ Times per month

888. DON'T KNOW/NOT SURE

999. REFUSED

**ENERGY1 (NEW: 2013)**

39. About how often do you drink a glass or can of a caffeinated energy drink like Red Bull, Rockstar, or GoGirl? Do not include sugar free drinks or energy "shots".

0. Never

1. \_\_\_\_ Times per day

2. \_\_\_\_ Times per week

3. \_\_\_\_ Times per month

888. DON'T KNOW/NOT SURE

999. REFUSED

**COFFEE (NEW: 2013)**

40. About how often do you drink coffee or tea with sugar or a sweetened hot or iced specialty coffee drink like a mocha, latte, or Frappuccino? Do not include unsweetened coffee or tea drinks.

0. Never

1. \_\_\_\_ Times per day

2. \_\_\_\_ Times per week

3. \_\_\_\_ Times per month

888. DON'T KNOW/NOT SURE

999. REFUSED

**WATER1 (NEW: 2013)**

41. About how often do you drink a glass or bottle of water? Count tap, bottled, and unflavored sparkling water.

0. Never

1. \_\_\_\_ Times per day

2. \_\_\_\_ Times per week

3. \_\_\_\_ Times per month

888. DON'T KNOW/NOT SURE

999. REFUSED

**MILKNEW (NEW: 2013)**

42. About how often do you drink a glass of milk? Count chocolate and flavored milk, and milk on cereal. [INTERVIEWER: Only dairy milk. Lactose free and goat milk count, but soy, rice, coconut, and almond milk do not.]

0. Never

1. \_\_\_\_ Times per day

2. \_\_\_\_ Times per week

3. \_\_\_\_ Times per month

888. DON'T KNOW/NOT SURE

999. REFUSED

**if MILKNEW NE 0, go to PERFAT2; else go to CHEESE2**

**PERFAT2**

43. Was the milk you typically drank or used whole milk, reduced fat or 2%, lowfat or 1%, or nonfat or skim? [INTERVIEWER: If more than one kind ask, "Which kind did you drink the most?"; INTERVIEWER: If he/she says "Vitamin D milk", probe if they mean whole milk]

1. WHOLE milk

2. Reduced Fat (2%)

3. Lowfat (1%)

4. Nonfat (SKIM)

8. DON'T KNOW/NOT SURE

9. REFUSED

**MILKFLAV**

44. Was the milk you typically drank or used flavored, like chocolate or strawberry?

1. Yes

2. No

8. DON'T KNOW/NOT SURE

9. REFUSED

**CHEESE2**

45. Yesterday, how many servings of cheese did you have, for example, a cheeseburger, pizza, in a casserole, on a sandwich, or as a snack?

**(ROUND UP TO THE NEAREST HALF SERVING)**

\_\_\_\_ Enter number

0. None (F6)

88. DON'T KNOW/NOT SURE

99. REFUSED

**YOGURT**

46. Yesterday, how many servings of yogurt did you eat? Do not include frozen yogurt, but do include yogurt drinks. A serving is a regular size cup of yogurt.

**(ROUND UP TO THE NEAREST HALF SERVING)**

\_\_\_ Enter number

0. None (F6)

88. DON'T KNOW/NOT SURE

99. REFUSED

**GRNSRV**

47. Yesterday, how many servings of whole grain or high fiber bread, such as 100% whole wheat or whole wheat tortillas did you have? A serving is one slice of bread, one tortilla, ½ an English muffin, or a small dinner roll.

**(ROUND UP TO THE NEAREST HALF SERVING)**

\_\_\_ Enter number

0. None (F6)

88. DON'T KNOW/NOT SURE

99. REFUSED

**GRNSRV2**

48. Yesterday, how many servings of whole grains other than bread or cereal, such as whole wheat pasta, brown rice, wild rice, quinoa, bulgur, or barley did you have?

**(ROUND UP TO THE NEAREST HALF SERVING)**

\_\_\_ Enter number

0. None (F6)

88. DON'T KNOW/NOT SURE

99. REFUSED

**BEANS**

49. Yesterday, how many servings of beans, such as kidney beans, chili beans, bean soup, bean salad, or lentils did you have? Do not include green beans.

**(ROUND UP TO THE NEAREST HALF SERVING)**

\_\_\_ Enter number

0. None (F6)

88. DON'T KNOW/NOT SURE

99. REFUSED



**SOY**

50. Yesterday, how many servings of soy products, such as edamame, soy burgers, tofu, or soy milk did you have?

**(ROUND UP TO THE NEAREST HALF SERVING)**

\_\_\_ Enter Number

0. None (F6)

88. DON'T KNOW/NOT SURE

99. REFUSED

**BOWLS**

51. Yesterday, how many bowls of hot cereal, like oatmeal, or cold cereal did you have?

**(ROUND UP TO THE NEAREST BOWL)**

\_\_\_ Enter number

88. DON'T KNOW/NOT SURE

99. REFUSED

**if BOWLS NE 0, go to CERNAME; else go to PASTRY2**

**CERNAME**

52. What was the name of the cereal you ate yesterday? (note: if more than one cereal was eaten, record the two varieties eaten the most; if cereal name is unfamiliar, ask brand; if store brand, ask for store name)

1. \_\_\_\_\_cereal name

2. \_\_\_\_\_cereal name

8. DON'T KNOW/NOT SURE

9. REFUSED

**PASTRY2**

53. Yesterday, how many servings of breakfast pastries like doughnuts, Danish, sweet rolls, muffins, croissants or pop tarts did you eat?

\_\_\_ Enter number

88. DON'T KNOW/NOT SURE

99. REFUSED

**FRIED**

54. Yesterday, how many servings of deep-fried foods like French fries, fried chicken, chicken nuggets, fried fish, fried shrimp or onion rings did you eat?

\_\_\_ Enter number

88. DON'T KNOW/NOT SURE

99. REFUSED

**CHIPS**

55. Yesterday, how many servings of potato chips, corn chips, cheese puffs, pork rinds or other fried snack foods did you eat? Do not include reduced fat or fat-free items.

\_\_\_ Enter number

88. DON'T KNOW/NOT SURE

99. REFUSED

**DESSERT2**

56. Yesterday, how many servings of sweets like cake, pie, cookies, brownies, ice cream, candy bars or other candy did you eat?

\_\_\_ Enter number

88. DON'T KNOW/NOT SURE

99. REFUSED

**FFNBR2**

57. Yesterday, how many of your meals or snacks came from a fast food restaurant (such as McDonalds, Taco Bell, or Pizza Hut)? Include take-out meals as well as meals eaten at the restaurant.

\_\_\_ Enter number

88. DON'T KNOW/NOT SURE

99. REFUSED

**RESTNBR2**

58. Yesterday, how many meals or snacks came from a restaurant that is NOT a fast food restaurant? Include take-out meals as well as meals eaten at the restaurant.

\_\_\_ Enter number

88. DON'T KNOW/NOT SURE

99. REFUSED

**RESTFV**

59. When you eat out, how often do you substitute a fruit, vegetable, or salad for French fries or hash browns? Always, often, sometimes, seldom, or never.

- 1. Always
- 2. Often
- 3. Sometimes
- 4. Seldom
- 5. Never
- 7. Never eat out (Go to BREAKWK)
- 8. DON'T KNOW/NOT SURE
- 9. REFUSED

**RESTD RK (NEW: 2013)**

60. When you eat out, how often do you order water instead of a sugar-sweetened beverage like soda or lemonade? Always, often, sometimes, seldom, or never.

- 1. Always
- 2. Often
- 3. Sometimes
- 4. Seldom
- 5. Never
- 7. Never eat out (Go to BREAKWK)
- 8. DON'T KNOW/NOT SURE
- 9. REFUSED

**FFTIMES**

61. In the last 7 days, how many times did you eat a meal or snack from a fast food restaurant?

- \_\_\_ Enter number
- 0. None (F6)
  - 88. DON'T KNOW/NOT SURE
  - 99. REFUSED

**BREAKWK (NEW: 2013)**

62. In the last 7 days, how many times did you eat breakfast or a morning meal?

- \_\_\_ Enter number
- 0. None (F6)
  - 88. DON'T KNOW/NOT SURE
  - 99. REFUSED

**Please say whether you agree or disagree with the following statements.**

**if RESTFV = 7, go to FVWORK; else go to FVFF**

**FVFF**

63. It's hard to get fruits and vegetables at fast food restaurants. For yourself, do you AGREE or DISAGREE?

1. Agree
2. Disagree
7. Never eats at fast food restaurant (F6)
8. DON'T KNOW/NOT SURE
9. REFUSED

**FVREST**

64. It's hard to get fruits and vegetables at other restaurants. For yourself, do you AGREE or DISAGREE?

1. Agree
2. Disagree
7. Never eats at restaurants (F6)
8. DON'T KNOW/NOT SURE
9. REFUSED

**FVWORK**

65. It's hard to get fruits and vegetables at work, such as in the cafeteria, vending machines, food trucks or nearby restaurants. For yourself, do you AGREE or DISAGREE?

1. Agree
2. Disagree
3. Do not work
8. DON'T KNOW/NOT SURE
9. REFUSED

**FVCOST**

66. Fresh fruits and vegetables are too expensive. For yourself, do you AGREE or DISAGREE?

1. Agree
2. Disagree
8. DON'T KNOW/NOT SURE
9. REFUSED

**Next I would like to ask you a few more questions about fruits and vegetables.**

**MYPLATE (NEW: 2013)**

67. How much of your plate does the government recommend be fruits and vegetables at each meal? Do you think it is one-fourth, one-third, one-half, two-thirds, or you don't know?

- 1. One-fourth
- 2. One-third
- 3. One-half
- 4. Two-thirds
- 88. DON'T KNOW/NOT SURE (Go to GROCSHOP)
- 99. REFUSED (Go to GROCSHOP)

**PLATEREC (NEW: 2013)**

68. Where did you hear about this recommendation? (Check all that apply) (Do not read responses)

	Yes	No	DK	RF
1. Work	1	2	8	9
2. Materials Brought Home from School	1	2	8	9
3. Supermarket	1	2	8	9
4. Farmer's Market	1	2	8	9
5. TV	1	2	8	9
6. Radio	1	2	8	9
7. Church	1	2	8	9
8. Family/Friends	1	2	8	9
9. Doctor's Office/Health Care Provider's Office	1	2	8	9
10. Magazine	1	2	8	9
11. Newspaper	1	2	8	9
12. Internet	1	2	8	9
13. WIC	1	2	8	9
14. CalFresh Office	1	2	8	9
15. Festivals/Health Fairs	1	2	8	9
16. Other (specify) _____	1	2	8	9

**Now I'd like to ask you some questions about shopping for food.**

**GROCSHOP**

69. Do you usually do most of the grocery shopping in your household?

- 1. Yes
- 2. No (Go to FARMKT)
- 8. DON'T KNOW/NOT SURE (Go to FARMKT)
- 9. REFUSED (Go to FARMKT)

**GROCX**

70. How many times per week or month do you usually shop for food? (INTERVIEWER: Respondent only. This includes on-line shopping.)

\_\_\_ Times per week

\_\_\_ Times per month

999. Less than once per month

- 4. Never (F6) (Go to FARMKT)
- 88. DON'T KNOW/NOT SURE (Go to FARMKT)
- 99. REFUSED (Go to FARMKT)

**GROCSTOR (MODIFIED: 2013)**

71. Excluding fruits and vegetables, in what type of store do you usually buy most of your groceries? (Probe with examples in parentheses if needed)

- 1. Large supermarket or grocery store (Such as Von's, Safeway, or Ralph's; Spanish: Mi Pueblo Food Center or Northgate Market)
- 2. Small grocery store (Such as Trader Joe's or Fresh & Easy; Spanish: El Tapatio Market or Vallarta)
- 3. Corner market (Such as a small local store with only limited items)
- 4. Warehouse or superstore (Such as Costco, Sam's Club, or Walmart)
- 5. Co-op
- 6. Dollar or 99¢ Store
- 7. Convenience store or gas station (Such as Circle K or Arco)
- 8. Drugstore (Such as CVS or Walgreens)
- 9. Other (specify): \_\_\_\_\_
- 88. DON'T KNOW/NOT SURE
- 99. REFUSED

**GROCFV**

72. In what type of store do you usually buy most of your fruit and vegetables? (Probe with examples in parentheses if needed)

1. Large supermarket or grocery store (Such as Von's, Safeway, or Ralph's)
2. Small grocery store (Such as Trader Joe's or Fresh & Easy)
3. Corner market (Such as a small local store with only limited items)
4. Warehouse or superstore (Such as Costco, Sam's Club, or Walmart)
5. Co-op
6. Dollar or 99¢ Store
7. Convenience store or gas station (Such as Circle K or Arco)
8. Drugstore (Such as CVS or Walgreens)
9. Community Supported Agriculture (CSA)
10. Fruit and vegetable stand or farmers' market
11. Other (specify): \_\_\_\_\_
88. DON'T KNOW/NOT SURE
99. REFUSED

**FARMMKT**

73. During the summer, how much of your fruit and vegetables do you buy from a farmers' market or farm stand?

0. None
1. A little
2. About half
3. Most
4. Almost all
88. DON'T KNOW/NOT SURE
99. REFUSED

**PRODAD (MODIFIED: 2013)**

74. In the last 12 months, in the grocery store produce section, have you ever seen any banners, posters, pamphlets, shelf signs or special recipes about the amount of fruits and vegetables you should eat for better health?

1. Yes
2. No (Go to FVDYHRD)
8. DON'T KNOW/NOT SURE (Go to FVDYHRD)
9. REFUSED (Go to FVDYHRD)

**ADREAD**

75. How often do you read the information or take it home with you? Often, sometimes, rarely, or never.

1. Often
2. Sometimes
3. Rarely
4. Never
8. DON'T KNOW/NOT SURE
9. REFUSED

**FVDYHRD**

76. Have you heard of the Network for a Healthy California: Champions for Change?

1. Yes
2. No (Go to WATCHTV)
8. DON'T KNOW/NOT SURE (Go to WATCHTV)
9. REFUSED (Go to WATCHTV)

**FVDYABT**

77. What do you think the Network for a Healthy California: Champions for Change is about? (DO NOT READ)

1. Eating more fruits and vegetables
2. Eating more fruits and vegetables and being active
3. Being physically active
4. Nutrition and Exercise (general)
5. Healthy Habits (Sleep, Drink Water, Don't Smoke, etc)
6. Speak up for healthy changes
7. Rules in my kitchen
8. Turn off the television
9. Get out and play
10. (Health/Dietary) Changes are hard
11. Other (specify)
88. DON'T KNOW/NOT SURE
99. REFUSED



**The next few questions are about recreation time and physical activity.**

**WATCHTV (MODIFIED: 2013)**

78. Yesterday, how much time did you spend in front of a television, either watching programs or movies, or playing video games?

\_\_\_ Minutes

\_\_\_ Hours

0. None (F6)

888. DON'T KNOW/NOT SURE

999. REFUSED

**INTERNET (MODIFIED: 2013)**

79. Yesterday, for recreation, how much time did you spend in front of a computer or tablet device either watching programs or movies, playing video games, using social media, or browsing the internet?

\_\_\_ Minutes

\_\_\_ Hours

0. None (F6)

888. DON'T KNOW/NOT SURE

999. REFUSED

**COMPUTER (MODIFIED: 2013)**

80. Yesterday, for school work, job-related activities or other household business, how much time did you spend in front of a computer or tablet device?

\_\_\_ Minutes

\_\_\_ Hours

0. None (F6)

888. DON'T KNOW/NOT SURE

999. REFUSED

The next few questions are about exercise, recreation, or physical activities other than your regular job duties. **INTERVIEWER: If respondent does not have a “regular job duty” or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.**

**PAMONTH**

81. During the past month, other than at your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

- 1. Yes
- 2. No (Go to STRENGTH)
- 8. Don’t know / Not sure (Go to STRENGTH)
- 9. Refused (Go to STRENGTH)

**PAMOST1**

82. What type of physical activity or exercise did you spend the most time doing during the past month?

\_\_\_\_\_ (Specify) (See Coding List A)

- 88. Don’t know / Not sure
- 99. Refused (Go to STRENGTH)

**INTERVIEWER: If the respondent’s activity is yoga, Pilates, Tai Chi, or weight lifting please repeat the question to respondent using the following lead-in, “Other than [respondent’s activity],” what type of physical activity or exercise did you spend the most time doing during the past month?**

**INTERVIEWER: Housework may be included as a physical activity or exercise spent and can be coded as “Other”.**

**PATIMES1**

83. How many times per week or per month did you take part in this activity during the past month?

- \_\_\_\_\_ Times per week
- \_\_\_\_\_ Times per month
- 888. Don’t know / Not sure
- 999. Refused

**PAMIN1**

84. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

\_\_\_ Hours

\_\_\_ Minutes

888. Don't know / Not sure

999. Refused

**PAMOST2**

85. What other type of physical activity gave you the next most exercise during the past month?

\_\_\_\_\_ (Specify) **(See Coding List A)**

77. No other physical activity (Go to STRENGTH)

88. Don't know / Not sure

99. Refused (Go to STRENGTH)

**INTERVIEWER: If the respondent's activity is yoga, Pilates, Tai Chi, or weight lifting please repeat the question to respondent using the following lead-in, "Other than [respondent's activity]," what type of physical activity or exercise did you spend the most time doing during the past month?**

**INTERVIEWER: Housework may be included as a physical activity or exercise spent and can be coded as "Other".**

**PATIMES2**

86. How many times per week or per month did you take part in this activity during the past month?

\_\_\_ Times per week

\_\_\_ Times per month

888. Don't know / Not sure

999. Refused

**PAMIN2**

87. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

\_\_\_ Hours

\_\_\_ Minutes

888. Don't know / Not sure

999. Refused

**STRENGTH**

88. During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.

\_\_\_ Times per week

\_\_\_ Times per month

88. DON'T KNOW/NOT SURE

99. REFUSED

**MINPAEHB (MODIFIED: 2013)**

89. How much time per week have you heard adults should be physically active to maintain good health?

\_\_\_ Minutes

\_\_\_ Hours

88. DON'T KNOW/NOT SURE

99. REFUSED

**REASPA**

90. What is the main reason that you are not more physically active (choose one)? (Do not read)

1. Already exercise enough
2. Not enough time/too busy
3. Don't find exercise enjoyable/boring
4. Do not have parks, trails, healthclubs, etc., to exercise at
5. Unsafe Neighborhood to exercise in
6. Lack self-motivation
7. Fear of injury
8. Lack encouragement from others
9. Lack of confidence
10. Lazy
11. Health reasons/conditions
12. Too tired
13. Older\too old
14. Weather conditions (too hot)
15. Child care unavailable
98. Other (specify): \_\_\_\_\_
88. DON'T KNOW/NOT SURE
99. REFUSED

**The next questions are about your work life.**

**EMPLOY**

91. Are you currently: Employed for wages – full-time , Employed for wages – part-time , Self-employed, Out of work for less than 1 year , Out of work for more than 1 year, Homemaker, Student, Retired or Disabled and unable to work?

1. Employed for wages – full-time
2. Employed for wages – part-time
3. Self-employed
4. Out of work for less than 1 year (Go to FVMKT3)
5. Out of work for more than 1 year (Go to FVMKT3)
6. Homemaker (Go to FVMKT3)
7. Student (Go to FVMKT3)
8. Retired or (Go to FVMKT3)
9. Disabled and unable to work. (Go to FVMKT3)
77. None of the above (do not read) (Go to FVMKT3)
88. Don't know (do not read) (Go to FVMKT3)
99. Refused (do not read) (Go to FVMKT3)

**EXERWORK**

92. When you are at work, which of the following best describes what you do? Would you say mostly sitting, mostly standing, mostly walking, or mostly heavy labor or physically demanding work? (IF RESPONDENTS HAVE MULTIPLE JOBS, INCLUDE ALL JOBS)

1. Mostly sitting
2. Mostly standing
3. Mostly walking
4. Mostly heavy labor or physically demanding work
5. NOT WORKING (do not read)
8. DON'T KNOW/NOT SURE
9. REFUSED

**WORKHOME (MODIFIED: 2013)**

93. Do you exclusively work from home and not from any place else?

1. Yes (Go to FVMKT3)
2. No
88. DON'T KNOW/NOT SURE
99. REFUSED

**WORKLUN**

94. Do you usually bring your lunch from home, buy your meals at or near where you work or both?

1. Bring lunch from home
2. Buy lunch at or near work
3. Both
4. Skip/Don't eat lunch
88. DON'T KNOW/NOT SURE
99. REFUSED

**FVATWORK (NEW: 2013)**

95. Do you have access to affordable fresh fruits and vegetables at or near your worksite? Remember to count fruits and vegetables at cafeterias, catering trucks, restaurants, vending machines, and employer-provided produce delivery.

1. Yes
2. No
8. DON'T KNOW/NOT SURE
9. REFUSED

**WKFRTOFT**

96. When you are at work, how often do you buy fruit either at or near your worksite? Would you say...

1. Most days
2. Some days
3. Rarely
4. Never
8. DON'T KNOW/NOT SURE
9. REFUSED

**WKVEGOFT**

97. When you are at work, how often do you buy vegetables either at or near your worksite? Would you say...

1. Most days
2. Some days
3. Rarely
4. Never
8. DON'T KNOW/NOT SURE
9. REFUSED

**WORKFV**

98. Does your employer offer an onsite farmers' market, weekly produce delivery from local farmers or weekly free snacks of fresh fruit?

1. Yes
2. No
8. DON'T KNOW/NOT SURE
9. REFUSED

**VENDING (NEW: 2013)**

99. In your workplace, do you have vending machines selling any of the following items? (Multiple response, read responses)

	Yes	No	DK	RF
1. Soda or other sugar-sweetened beverages	1	2	3	4
2. Water	1	2	3	4
3. Candy, cookies, or other sweet snacks	1	2	3	4
4. Chips or other fried snacks	1	2	3	4
5. Dried or fresh fruits and/or vegetables	1	2	3	4
6. Healthier items like unsalted nuts or baked chips	1	2	3	4

**WATERWRK (NEW: 2013)**

100. When you are at work, how often is clean, free drinking water available? Would you say, always, sometimes, rarely, or never.

1. Always
2. Sometimes
3. Rarely
4. Never
8. DON'T KNOW/NOT SURE
9. REFUSED

**WORKFAC**

101. Are indoor or outdoor facilities available at your worksite that make it easier for you to be physically active during breaks at work? (Examples include an indoor area set aside for exercise, aerobic or strength training equipment, walking/jogging trails, or a locker room with showers.)

1. Yes
2. No
8. DON'T KNOW/NOT SURE
9. REFUSED

**WORKBEN**

102. Does your employer offer any physical activity benefits such as a health club membership, exercise classes, release time for physical activity, or employee sports teams?

1. Yes
2. No
8. DON'T KNOW/NOT SURE
9. REFUSED

**WORKWELL (NEW: 2013)**

103. Does your worksite offer a worksite wellness or other health promotion program for employees to participate in?

1. Yes
2. No
8. DON'T KNOW/NOT SURE
9. REFUSED

**Next I am going to ask you about your neighborhood.**

**FVMKT3 (NEW: 2013)**

104. In your neighborhood, how often can you easily find a variety of good quality, fresh fruits and vegetables that you want to buy? Would you say...

1. Always
2. Often
3. Sometimes
4. Seldom
5. Never
8. DON'T KNOW
9. REFUSED

**FVMKT4 (NEW: 2013)**

105. In your neighborhood, how often can you easily find a variety of affordable, fresh fruits and vegetables that you want to buy? Would you say...

1. Always
2. Often
3. Sometimes
4. Seldom
5. Never
8. DON'T KNOW
9. REFUSED



**SAFEWALK (MODIFIED: 2013)**

106. In your home neighborhood, are the sidewalks, shoulders of the road, trails, or parks safe for walking or running?

- 1. Yes
- 2. No
- 8. DON'T KNOW/NOT SURE
- 9. REFUSED

**SAFEBIKE (NEW: 2013)**

107. In your home neighborhood, are the bike lanes, shoulders of the road, or trails safe for bicycling?

- 1. Yes
- 2. No
- 8. DON'T KNOW/NOT SURE
- 9. REFUSED

**SAFEGYM**

108. In your home neighborhood, do you have access to safe public indoor or outdoor exercise facilities, such as running tracks, basketball or tennis courts, swimming pools, or school gyms?

- 1. Yes
- 2. No
- 8. DON'T KNOW/NOT SURE
- 9. REFUSED

**GARDEN1 (MODIFIED: 2013)**

109. Do you currently have a garden to grow fruits and vegetables either at your home or at a shared site?

- 1. Yes
- 2. No
- 8. DON'T KNOW/NOT SURE
- 9. REFUSED

**if CHILD18 > 0 ask SCHLFOOD;  
Else go to LIMFF**

**SCHLFOOD**

110. In general, do you think the meals offered by your child's school cafeteria are healthy?

1. Yes
2. No
3. Yes for one child; no for another child (if CHILD18>1)
4. My child does not attend school
8. DON'T KNOW/NOT SURE
9. REFUSED

**LIMFF**

111. Do you think that local governments should do more to limit the number of new fast food restaurants in your neighborhood?

1. Yes
2. No
8. DON'T KNOW/NOT SURE
9. REFUSED

**IMPROVE (NEW: 2013)**

112. In the past 12 months, have you taken action to try to convince school officials, local businesses, or government officials to make changes to improve nutrition or physical activity for the community?

1. Yes
2. No
8. DON'T KNOW/NOT SURE
9. REFUSED

**Please tell me how much you agree or disagree with the following statements.**

**TVAD**

113. TV advertising encourages people to eat too much food. Do you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree or strongly disagree?

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree
8. DON'T KNOW/ NOT SURE
9. REFUSED

**ADVCHLD**

114. Fast food companies should be restricted in how they advertise or promote their products to children. Do you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree?

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree
88. DON'T KNOW/NOT SURE
99. REFUSED

**The next questions are about things your household may do that support healthy eating.**

**RULEJUNK**

115. Does your family (Do you) limit the amount of soda and other sugary beverages in the house?

1. Yes
2. No
8. DON'T KNOW/NOT SURE
9. REFUSED

**RULEFF**

116. Does your family (Do you) limit the number of times per week or per month you eat at fast food restaurants?

1. Yes
2. No
8. DON'T KNOW/NOT SURE
9. REFUSED

**if CHILD18 > 0 ask RULETV; Else go to SMOKE**

**RULETV**

117. Does your family limit the amount of time your children watch TV?

1. Yes
2. No
8. DON'T KNOW/NOT SURE
9. REFUSED

**RULEINT (MODIFIED: 2013)**

118. Does your family limit the amount of time your children spend browsing the internet, engaging in social media, playing video games, or watching programs on a computer or tablet device?

1. Yes
2. No
8. DON'T KNOW/NOT SURE
9. REFUSED

**CHILDTV**

119. Does your child have a TV in the room where they sleep?

1. Yes
2. No
8. DON'T KNOW/NOT SURE
9. REFUSED

**Next, I am going to ask a few questions about you and your general health.**

**SMOKE**

120. Think about the last 30 days. On how many of these days did you smoke cigarettes or other tobacco products?

\_\_\_\_ of 30 days

88. DON'T KNOW/NOT SURE

99. REFUSED

**SLEEP (NEW: 2013)**

121. On average, how many hours of sleep do you get in a 24-hour period?

\_\_\_\_ Hours

88. DON'T KNOW/NOT SURE

99. REFUSED

**HEIGHT**

122. How tall are you without shoes?

\_\_\_\_ # of feet

\_\_\_\_ # of inches

8. DON'T KNOW/NOT SURE

9. REFUSED

**WEIGHT**

123. How much do you weigh?

\_\_\_\_ Enter pounds

888. DON'T KNOW

999. REFUSED

**WGHTTHK**

124. Do you consider yourself to be overweight, underweight, or about average for your height?

1. Overweight

2. Underweight

3. About average

8. DON'T KNOW

9. REFUSED

**LOSEWGHT**

125. Are you presently trying to lose weight?

- 1. Yes
- 2. No (Go to HLTHCARE)
- 8. DON'T KNOW (Go to HLTHCARE)
- 9. REFUSED (Go to HLTHCARE)

**LOSEHOW**

126. What is the main thing you are doing to lose weight? (Do not read responses)

- 1. Eat less, fewer calories
- 2. Exercise more
- 3. Eat less/fewer calories and Exercise More (for respondents who say that they are doing both).
- 4. Behavior Modification, Self-observation (logs)
- 5. Taken medication prescribed by a doctor
- 6. Taken over-the counter dietary supplements, vitamins, or weight loss drugs (not prescribed by a physician)
- 7. Laxatives, purging
- 8. Joined Weight Watchers, Jenny Craig, Overeaters Anonymous, etc
- 9. Liquid Diet
- 10. Smoke Cigarettes
- 11. Medical Procedures: Liposuction, Stomach Staple, Gastric Bypass etc
- 12. Decreasing portion sizes, eating smaller helpings.
- 13. Decreasing TV time
- 14. Atkin's diet/low carb diet
- 15. Eating more fruits and vegetables
- 16. Drinking more water
- 17. Improving healthy eating habits
- 18. Nothing
- 19. Not eating after a specific time
- 20. (Losing weight because of) Health issues (stress, depression, pregnancy, etc.)
- 21. Drink less alcohol
- 22. Fasting
- 23. Meal replacement diets i.e. Slim-Fast, Medifast, meal replacement bars
- 98. Other (Specify)
- 88. DON'T KNOW/NOT SURE
- 99. REFUSED

**HLTHCARE (NEW: 2013)**

127. In the last 12 months, have you seen a healthcare provider for non-emergency care?

- 1. Yes
- 2. No (Go to AGE)
- 8. DON'T KNOW/NOT SURE (Go to AGE)
- 9. REFUSED (Go to AGE)

**HPLOSE (MODIFIED: 2013)**

128. In the last 12 months, has your healthcare provider told you to lose weight?

- 1. Yes
- 2. No
- 8. DON'T KNOW/NOT SURE
- 9. REFUSED

**Now, I'd like to ask a few questions about you.**

**AGE**

129. How old were you on your last birthday?

INTERVIEWER: IF OLDER THAN 99 YEARS, CODE AS 99.

- \_\_\_ Enter age
- 8. DON'T KNOW/NOT SURE
  - 9. REFUSED

**RACEETH**

130. To which one or more of these groups do you belong? (Multiple response, read responses)

	Yes	No	DK	RF	
1. African American or Black	1	2	3	4	(RACEE_A)
2. Alaska Native	1	2	3	4	(RACEE_B)
3. American Indian	1	2	3	4	(RACEE_C)
4. Asian	1	2	3	4	(RACEE_D)
5. Caucasian or White	1	2	3	4	(RACEE_E)
6. Filipino	1	2	3	4	(RACEE_F)
7. Latino or Hispanic	1	2	3	4	(RACEE_G)
8. Native Hawaiian	1	2	3	4	(RACEE_H)
9. Other Pacific Islander	1	2	3	4	(RACEE_I)
10. Other (specify)_____	1	2	3	4	(RACEE_J)

**RACE\_OTH**

130.5RACEE\_J: Text response

**if RACEETH has more than one response, go to RACEETHB;  
else go to LANGSPK**

**RACEETHB**

131. Of these, which do you most identify with?

1. African American or Black
2. Alaska Native
3. American Indian
4. Asian
5. Caucasian or White
6. Filipino
7. Latino or Hispanic
8. Native Hawaiian
9. Other Pacific Islander
10. Other (specify) \_\_\_\_\_
11. (DO NOT READ) Both/All/Multi-Racial
12. (DO NOT READ) None of these
88. DON'T KNOW/NOT SURE
99. REFUSED

**if RACEETH =7 or RACEETHB = 7, go to LANGSPK; else go to EDUCA**

**LANGSPK**

132. What language(s) do you usually speak at home? (INTERVIEWER: READ LIST)

1. Only Spanish
2. Mostly Spanish
3. Both Spanish and English
4. Mostly English and some Spanish
5. Only English
6. Other
8. DON'T KNOW/NOT SURE
9. REFUSED



**EDUCA**

133. What is the highest year of school you completed?

1. Eighth grade or less
2. Some high school
3. High school grad or GED certificate
4. Some college
5. College graduate (Bachelor's degree)
6. Post-grad or professional degree
7. Other (specify)
8. DON'T KNOW/NOT SURE
9. REFUSED

**INCOME**

134. Which of the following categories best describes your annual household income from all sources before taxes:

(Read responses)

1. Less than \$10,000
2. \$10,000 to less than \$15,000
3. \$15,000 to less than \$20,000
4. \$20,000 to less than \$25,000
5. \$25,000 to less than \$35,000
6. \$35,000 to less than \$50,000
7. \$50,000 to less than \$65,000
8. \$65,000 or more
88. DON'T KNOW/NOT SURE (Go to NUMPHON2)
99. REFUSED (Go to NUMPHON2)

**HHSIZE**

135. \*\*\* Calculated variable do not ask \*\*\* (not formatted)

Household size = ((NUMADULT-NHHADULT)+CHILD18)

Find the point on the table where HHSIZE and INCOME intersect.

If there is a table value and the table value is LT the "less than" value of the response to INCOM02, go to THRESH02.

**THRESH02**

136. Is your annual household income above \_\_\_\_\_ (table look up for income and household size)? (This is an income threshold used for statistical purposes.)

1. Yes
2. No
8. Don't know / Not sure
9. Refused

INCOME4	=	1 <10K	2 10-15K	3 15-20K	4 20-25K	5 25-35K	6 35-50K	7 50-65K	8 65K+
HHSIZE=	1		11,490/ 14,937		21,257				
(Household Size)	2			15,510	20,163	28,694			
	3			19,530		25,389	36,131		
	4				23,550	30,615	43,568		
	5					27,570	35,841	51,005	
	6					31,590	41,067	58,442	
	7						35,610/ 46,293		65,879
	8						39,630	51,519	73,316
	9						43,650	56,745	80,753
	10						47,670	61,971	88,190
	11							51,690	67,197/ 95,627
	12							55,710	72,423/ 103,064
	13							59,730	77,649/ 110,501

(100%, 130%, and 185% of Federal Poverty Line; From: Federal Register, Jan. 24, 2013.)

**NUMPHON2**

137. How many residential telephone numbers do you have? DO NOT include dedicated fax lines, computer lines, cellular and mobile phones.

\_\_\_\_ Enter number:

88. DON'T KNOW/NOT SURE

99. REFUSED

**ZIPCODE**

138. What is your zip code?

\_\_\_\_\_ Enter the five digit number

77777 Don't know / Not sure

99999 Refused

**COUNTY**

139. What county do you live in?

\_\_\_\_\_ Enter county name

777. Don't know / Not sure

999. Refused

**MARITAL**

140. Are you now married, living with a partner in a marriage-like relationship, widowed, divorced, separated, or never married?

1. Married

2. Living with partner

3. Widowed

4. Divorced

5. Separated

6. Never Married

8. DON'T KNOW/NOT SURE

9. REFUSED

**Please answer the following questions about the food eaten in your household in the last 12 months.**

**CUTMEAL**

141. In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

- 1. Yes
- 2. No (Go to EATLESSC)
- 8. DON'T KNOW/NOT SURE (Go to EATLESSC)
- 9. REFUSED (Go to EATLESSC)

**CUTOFT**

142. How often did this happen in the last 12 months? Was it almost every month, most months, some months but not every month, or only one or two months in the last 12 months?

- 1. Almost every month
- 2. Most months
- 3. Some months but not every month
- 4. Only 1 or 2 months
- 8. DON'T KNOW/NOT SURE
- 9. REFUSED

**EATLESSC**

143. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- 1. Yes
- 2. No
- 8. DON'T KNOW/NOT SURE
- 9. REFUSED

**EVRHNGRY**

144. In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

- 1. Yes
- 2. No
- 8. DON'T KNOW/NOT SURE
- 9. REFUSED

**Now I'm going to read you a few statements that people have made about their food situation.**

**FOODLAST (Asked of Everyone)**

145. The food that I bought just didn't last, and I didn't have money to get more. Was that often, sometimes, rarely, or never true for you or your household in the last 12 months?

1. Often
2. Sometimes
3. Rarely
4. Never True
8. DON'T KNOW/NOT SURE
9. REFUSED

**FOODBLNC (Asked of Everyone)**

146. I couldn't afford to eat balanced meals. Was that often, sometimes, rarely, or never true for you or your household in the last 12 months?

1. Often
2. Sometimes
3. Rarely
4. Never True
8. DON'T KNOW/NOT SURE
9. REFUSED

**FOODSTMP (Asked of EVERYONE)**

147. In the last 12 months, have you or anyone in your household used *CalFresh* or food stamps to buy food?

1. Yes
2. No
8. DON'T KNOW/NOT SURE
9. REFUSED

**FOODASST (Asked of Everyone)**

148. In the last 12 months, have you received food assistance from a food bank, food pantry, or community kitchen?

1. Yes
2. No
8. DON'T KNOW/NOT SURE
9. REFUSED

**if AGE < 55 and FEMALE, ask WIC**

**WIC (Asked of women less than 55 yrs)**

149. In the last 12 months, have you received food assistance from the WIC program?

- 1. Yes
- 2. No
- 8. DON'T KNOW/NOT SURE
- 9. REFUSED

Thank you very much. Those are all the questions I have. We really appreciate your help and the time you've given us. Good-bye.

**INTERVIEWER:**

***Coding List A: Activity List (To be used for Questions 82 and 85)***

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**Code Description (Physical Activity, Questions 82 and 85 above)**

0 1 Active Gaming Devices (Wii Fit, Dance Dance revolution)	4 1 Rugby
0 2 Aerobics video or class	4 2 Scuba diving
0 3 Backpacking	4 3 Skateboarding
0 4 Badminton	4 4 Skating – ice or roller
0 5 Basketball	4 5 Sledding, tobogganing
0 6 Bicycling machine exercise	4 6 Snorkeling
0 7 Bicycling	4 7 Snow blowing
0 8 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)	4 8 Snow shoveling by hand
0 9 Bowling	4 9 Snow skiing
1 0 Boxing	5 0 Snowshoeing
1 1 Calisthenics	5 1 Soccer
1 2 Canoeing/rowing in competition	5 2 Softball/Baseball
1 3 Carpentry	5 3 Squash
1 4 Dancing-ballet, ballroom, Latin, hip hop, etc	5 4 Stair climbing/Stair master
1 5 Elliptical/EFX machine exercise	5 5 Stream fishing in waders
1 6 Fishing from river bank or boat	5 6 Surfing
1 7 Frisbee	5 7 Swimming
1 8 Gardening (spading, weeding, digging, filling)	5 8 Swimming in laps
1 9 Golf (with motorized cart)	5 9 Table tennis
2 0 Golf (without motorized cart)	6 0 Tai Chi
2 1 Handball	6 1 Tennis
2 2 Hiking – cross-country	6 2 Touch football
2 3 Hockey	6 3 Volleyball
2 4 Horseback riding	6 4 Walking
2 5 Hunting large game – deer, elk	6 6 Waterskiing
2 6 Hunting small game – quail	6 7 Weight lifting
2 7 Inline Skating	6 8 Wrestling
2 8 Jogging	6 9 Yoga
2 9 Lacrosse	7 0 Other_____
3 0 Mountain climbing	9 9 Refused
3 1 Mowing lawn	
3 2 Paddleball	
3 3 Painting/papering house	
3 4 Pilates	
3 5 Racquetball	
3 6 Raking lawn	
3 7 Running	
3 8 Rock Climbing	

3 9 Rope skipping  
4 0 Rowing machine exercise